

<b>AGENCY NAME:</b>	<b>South Carolina Department of Alcohol and Other Drug Abuse Services</b>		
<b>AGENCY CODE:</b>	<b>J20</b>	<b>SECTION:</b>	<b>37</b>

## Fiscal Year 2015-16 Accountability Report

### SUBMISSION FORM

<b>AGENCY MISSION</b>	<p>DAODAS MISSION STATEMENT:</p> <p>To ensure the availability and quality of a continuum of substance use services, thereby improving the health status, safety, and quality of life of individuals, families, and communities across South Carolina.</p>
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<b>AGENCY VISION</b>	<p>DAODAS VISION STATEMENT:</p> <p>DAODAS will be an innovative leader, facilitating effective services and compassionate care through a network of community partnerships and strategic collaborations.</p>
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Please state yes or no if the agency has any major or minor (internal or external) recommendations that would allow the agency to operate more effectively and efficiently.

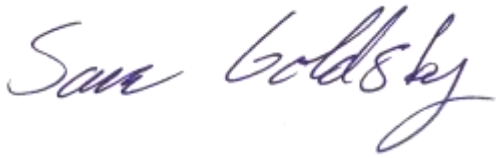
<b>RESTRUCTURING RECOMMENDATIONS:</b>	Yes
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Please identify your agency's preferred contacts for this year's accountability report.

	<u><i>Name</i></u>	<u><i>Phone</i></u>	<u><i>Email</i></u>
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I have reviewed and approved the enclosed FY 2015-16 Accountability Report, which is complete and accurate to the extent of my knowledge.

<b>AGENCY DIRECTOR</b> <b>(SIGN AND DATE):</b>	
<b>(TYPE/PRINT NAME):</b>	Sara Goldsby, Acting Director

<b>BOARD/CMSN CHAIR</b> <b>(SIGN AND DATE):</b>	
<b>(TYPE/PRINT NAME):</b>	

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## **AGENCY'S DISCUSSION AND ANALYSIS**

The use of alcohol, tobacco, and other drugs (ATODs) affects South Carolinians of all ages and from all walks of life. Problems resulting from these substances surface in our homes and schools, on our roads and highways, and in our workplaces and criminal justice system. Abuse of tobacco, alcohol, and illicit drugs is costly to our nation, exacting more than \$700 billion annually in costs related to crime, lost work productivity, and healthcare costs; the costs for South Carolinians are estimated at approximately \$5 billion per year.

Recognizing the need for direct services for the general public, as well as for specific high-risk groups, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) purchases a wide array of prevention, intervention, treatment, and recovery services through a community-based system of care. DAODAS subcontracts with 32 county alcohol and drug abuse authorities to provide the majority of direct services to citizens in all 46 counties of the state. The department also contracts with a range of public and private service providers to address substance abuse services throughout South Carolina. Since the county alcohol and drug abuse authorities were created in 1973, they have provided intervention and treatment services to more than 2.54 million South Carolinians and touched the lives of countless individuals and families through the many prevention activities coordinated and provided by this system.

DAODAS estimates that approximately 386,000 individuals in South Carolina are suffering from substance abuse problems that require immediate intervention and treatment. With a problem of this magnitude, the department must continue to ensure that individuals and families access the vital core services purchased by DAODAS through the statewide system of county alcohol and drug abuse authorities (i.e., the local provider network), as well as other public and private contractors. During fiscal year 2016 (FY16), DAODAS and its service network provided an estimated 40,000 episodes of care.

### **Mission and Values**

The DAODAS mission statement focuses on achieving positive health outcomes and increasing the quality of life of South Carolinians:

*"To ensure the availability and quality of a continuum of substance use services, thereby improving the health status, safety, and quality of life of individuals, families, and communities across South Carolina."*

At the heart of this statement are the agency's core values of Accountability, Collaboration, Integrity, Leadership, Trust, Respect, and Accomplishment.

### **DAODAS Strategic Direction**

Capitalizing on 59 years of success in ensuring access to substance abuse services for the citizens of South Carolina, and throughout FY16, the department continued to provide the necessary leadership toward a refined strategic direction for the agency, as well as the direction of the substance abuse field. This direction included the improvement of the effectiveness of the public and private provider system to strive for long-term client outcomes and recovery. System-wide, the goals for FY16 were to continue implementing a coordinated system of care; to implement research- and science-based protocols that increase chances for recovery; and to move toward a formula-based federal block grant funding decision process, to enhance the performance of providers, and ultimately to achieve improved health outcomes for clients.

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Specific areas of focus included: increased capacity of service providers to serve the state’s citizens in need of substance abuse prevention, intervention, treatment, and recovery services, thereby impacting access disparities, enhancing individual, family and community outcomes, and increasing coordination efforts; healthcare/behavioral health integration; and focusing on the agency’s overarching goal of achieving sustainable recovery for the clients it serves.

### **2016 Major Achievements**

To meet the continuing demand for substance abuse services, DAODAS took a proactive approach to serving its key customers during FY16, continuing to reach the agency’s overarching goal of achieving sustainable recovery for substance-abusing clients, while reducing use, abuse, and harm and thereby improving healthcare outcomes. In keeping with the strategic plan and the visionary goals, the following achievements are highlighted:

#### **Strategic Planning**

Throughout FY16, departmental staff continued a rigorous process of updating its strategic plan to transform the organization so that it could best meet the challenges inherent in planning, coordinating, and delivering addiction services.

Emerging from the two-year process is a new working mission statement (*see above*), which focuses more broadly on the total health status of substance abuse clients, families, and communities. Staff also agreed on core values, a vision for the agency, and most importantly, three strategic visions that will guide the agency over the next several years. These three strategic visions (Key Performance Areas) include ensuring an accessible services menu within each community; a focus on continuous quality improvement to create basic quality measures and baseline requirements; and collaboration and integration of physical and behavioral health care to improve outcomes of clients, families, and communities.

Going forward, the department will use a modified Balanced Scorecard approach. The Balanced Scorecard is a communication tool, measurement plan, and strategic management system. The approach provides a mechanism for organizations to link mission, vision, and activity by providing continuous feedback around internal business processes and external outcomes critical to the agency’s strategy. Linking strategy to highlighted goals provides a communication platform for quality improvement activities at all levels of the organization (agency, team, and individual).

#### **Ensuring Accessible Services**

##### **Prevention**

Prevention services are the use of evidence-based approaches to create or enhance environmental conditions within communities, families, schools, and workplaces to protect individuals from substance abuse and to help them develop personal decision-making skills to reduce the risk of alcohol-, tobacco-, and other drug-related problems.

In FY16, DAODAS continued to emphasize prevention programs associated with the reduction of underage drinking. The Alcohol Enforcement Team (AET) effort focuses on community coalition maintenance and development, merchant education, and law enforcement partnerships to reduce underage drinking activities. AETs seek to promote an evidence-based environmental prevention message to reduce alcohol use and its harmful consequences, coupled with active public education. Specific activities include alcohol compliance

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checks at retail outlets, bars, and restaurants; public safety checkpoints; and party dispersal. Merchant training is also a priority.

Evidence-based programming is provided across the state; outcomes show that prevention works and has a significant impact on quality-of-life indicators, as well as forestalling chronic disease in South Carolina. Prevention data also show that children and youth are using harmful substances less as a result of receiving prevention services; this indicator is normally associated with intervention activities. Outcomes for multi-session prevention education programs for youth during fiscal year 2015 (FY15) included a 26.2% reduction in the number of marijuana users; a 18.6% reduction in cigarette use; a 28% reduction in alcohol use; and a 21.8% reduction in the use of other illegal drugs.

Data show that prevention efforts are positively impacting the goal of reducing underage drinking in South Carolina. Data highlights that under the agency's leadership, community programs have resulted in a reduction of underage drinking. Activities include public safety checkpoints (1,125 – FY15). Over 321 DUIs were recorded during these checkpoints, 155 felony arrests made, 176 fugitives apprehended, and 18 stolen vehicles recovered.

During FY16, the department continued compliance with the Family Smoking Prevention and Tobacco Control Act, which granted authority for the regulation of tobacco products to the Food and Drug Administration (FDA) to reduce tobacco use by youth. Eight commissioned FDA inspectors are employed by DAODAS to conduct tobacco product inspections at retail outlets throughout the state. As of July 2016, inspectors had made more than 8,339 certified inspections. Inspectors recorded a 9.2% violation rate, which includes violations of underage sales, as well as advertising and labeling infractions.

#### **Treatment Collaboration**

The department continued working with the Department of Social Services (DSS) to better identify clients within the social services system who might need substance abuse services and to ensure a workable referral system. During FY16, DAODAS continued to partner with DSS to develop mechanisms for increasing the effectiveness of programs administered by that agency by leveraging the resources of DAODAS and its partners, and a contract was signed to fund alcohol and drug abuse counselors who were collocated in DSS offices to identify and assess clients for substance use and abuse. This included drug testing, screening, and assessment services for DSS-involved families. To date, 32 local providers have hired staff and implemented the program of drug testing and the provision of services. Since the inception of the contract and through March 31, 2016, more than 5,300 unduplicated clients were served. Over 1,500 clients entered treatment. DAODAS will continue to expand this effort during fiscal year 2017.

#### **Prescription Drug Abuse**

In November 2011, the federal Centers for Disease Control and Prevention classified prescription drug abuse as a national epidemic. In May 2013, South Carolina's Inspector General published a report highlighting the fact that South Carolina lacked a statewide strategy to address this problem for the many South Carolinians who struggle with prescription drug abuse, illustrating that the state ranked 23rd highest per capita in both opioid painkiller prescriptions and in overdose deaths (2011). On March 14, 2014, Governor Nikki Haley signed an Executive Order establishing the Governor's Prescription Drug Abuse Prevention Council charged with developing a comprehensive state plan to combat and prevent prescription drug abuse.

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In 2015, the council, co-chaired by former DAODAS Director Bob Toomey, released more than 50 recommendations in eight priority areas, with a focus on prescribers, the South Carolina Prescription Drug Monitoring Program (SCPDMP), pharmacies, third-party payors, law enforcement, treatment, education and advocacy, and data and analysis.

Work continued during FY16 to implement several of the recommendations. Working with council partners, notable successes include: The number of prescribers and pharmacists now registered and using the prescription drug tracking program has increased (estimated at 85%, up from 22% two years ago). Two major insurance carriers (South Carolina Public Employee Benefit Authority and South Carolina Health Connections – Medicaid) are requiring contracted prescribers to use the tracking program (SCPDMP). DAODAS is rolling out broad support to local treatment providers that will allow access to medication for citizens with opioid use disorder. DAODAS also is partnering with the Department of Health and Environmental Control and the Fifth Judicial Circuit Solicitor’s Office to develop a training and tracking system for law enforcement officers to intervene with opioid overdoses (with more than 450 police and sheriff’s officers trained to date). There are an increased number of sites around the state that host permanent collection receptacles for unused prescription drugs, and four county coalitions have been granted prevention programming funds to target prescription drug misuse.

In FY16, the Governor included \$1.75 million in her Executive Budget to develop and expand a program of medication-assisted treatment (MAT) throughout South Carolina. The General Assembly funded this effort for FY17. Funds will go to pay for medications, physician services, counselor therapies, and naloxone reversal kits. During FY16, DAODAS hired a Medical Director to assist in the development and expansion of MAT across the behavioral healthcare system and to work with Federally Qualified Health Centers on behavioral health models. Finally, the department implemented a prevention grant during the year to address youth and prescription drug abuse.

### **Recovery**

Recovery-oriented systems of care in local communities are the cornerstone of achieving sustained recovery and encompass a focus on creating infrastructure with resources to effectively address the full range of substance abuse problems within the community.

Former Director Toomey continued to take an active role in supporting behavioral health advocacy groups, including the local and state chapters of Faces and Voices of Recovery (FAVOR). Six FAVOR chapters exist across the state, all with the goal of recovery support. Notably, the Greenville FAVOR chapter continued to operate a comprehensive crisis and referral line, provide recovery interventions, provide recovery phone support and outreach, and host recovery-based support meetings.

FAVOR South Carolina continues to assist in the expansion of peer-support services within the substance abuse provider network. Peer support is aimed at training individuals to assist clients new to recovery in order to remove barriers and obstacles to recovery that often prohibit long-term success. DAODAS spearheads the peer-support training in association with FAVOR South Carolina.

Director Toomey continued to focus on recovery through the support of transitional housing that will increase recovery prospects for substance-abusing individuals. The contract with Oxford House Inc. continued during FY16. Oxford House is an organization that establishes self-sustaining residences for individuals in recovery from substance use disorders. In partnership with Oxford House, an Outreach Coordinator continued to work

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to increase these housing opportunities. To date, there are 38 Oxford Houses in South Carolina, with 264 available beds.

### **Continuous Quality Improvement**

To further integrate research-based best practices into treatment protocols, DAODAS continued its contract with a national expert to maintain a clinical training initiative for addiction counselors. To date, 116 clinicians across the state have engaged in this effort. Participants include a 2012 Cohort, 2014 Cohort, 2015 Charleston Cohort, and two Cohorts in 2016. FY17 will bring the addition of two new cohorts in Berkeley and Horry counties. Participating clinicians meet monthly in ongoing Regional Learning Teams to sustain implementation and continued learning.

This clinical initiative has been infused with the principles of implementation science, which indicate that training alone has not been shown to support ongoing refinement of clinical skills. Thus, clinicians engaged in the initiative submit recordings of their Modified Interpersonal Group Psychotherapy (MIGP) groups, and their clinical work is coded using a comprehensive MIGP fidelity scale (the MIGP Inventory), the development of which was funded by DAODAS. Clinicians receive feedback on how faithfully they are delivering MIGP in its intended manner. They subsequently receive related coaching to enhance their skills as they continue to work toward proficiency and competency in providing MIGP.

With the knowledge of implementation science practice-based treatment, it is expected that clients will directly see the benefit with increased recovery outcomes.

### **Block Grant Assessment and Service Reimbursement**

During FY15, former Director Toomey led the effort to establish a block grant assessment payment mechanism for the uninsured. In short, dollars were contracted to fund priority treatment for uninsured individuals and to reduce financial barriers to treatment. The department projected that more than 4,000 assessments would be provided. Through June 30, 2015, over 5,300 assessments were provided to the uninsured. This effort ties directly to the agency's goal of increasing the capacity of service providers in treating South Carolinians in need of services. During FY16, 8,609 assessments were provided to the uninsured. Due to the success of this effort, DAODAS will expand the effort to pay for services for the uninsured during FY17. The goal is to remove barriers to treatment and to increase retention.

### **Health Care Integration**

The department was successful during fiscal year 2014 in contracting with the Department of Health and Human Services (DHHS) to invest a percentage of funds received from the Attorney General's Office as a result of various legal action awards (i.e., settlements) won against pharmaceutical firms. DHHS agreed to transfer \$3 million to mitigate the long-term and economic costs of addictive disorders, and to reduce the liability associated with these disorders represented by a disproportionately high rate of co-occurring chronic physical disease. Known as the Recovery Program Transformation & Innovation Fund (RPTIF), three priority areas were funded, to include improving access to services, service engagement, and collaboration/integration of services. Ten contracts were awarded in mid-2014 for 18 months. The University of South Carolina's College of Social Work has been evaluating these efforts in the areas of improving access to services, improving service engagement, and enhancing collaboration and integration of services. As these projects come to a close, the evaluation has revealed success in improving access to services by using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model in hospitals and jails, improving service engagement utilizing community supports, and enhancing collaboration by providing services to women and families.

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DHHS agreed to contract \$3 million in RPTIF funds in FY15 to cover the following program areas: increased access via technology investments; collaboration and disparity reduction with a focus on prescription drug abuse; workforce development; recovery support; and the continuation of expanding inpatient services for pregnant women and family services. These awards were contracted in calendar year 2015.

A third round of initial funding was awarded during FY16. Areas of focus included medication-assisted treatment, prescription drug abuse, integration of behavioral health services, adolescent and family services, and infrastructure development.

#### **Healthy Outcomes Plan (HOP)**

Continuing through FY16, DAODAS worked with DHHS to ensure that the substance abuse treatment system was included in efforts to reduce chronic disease under the auspices of a DHHS budget proviso (Hospital and Clinic Innovation / Medicaid Accountability and Quality Improvement - Healthy Outcomes Plan [HOP]). Several of the county alcohol and drug abuse authorities are currently working closely with local hospitals to treat uninsured individuals identified as HOP clients who may also be diagnosed with a substance use disorder. During FY16, local alcohol and drug abuse providers, now defined as safety net providers, received \$2 million to further provide substance abuse services for identified HOP clients as well as low-income uninsured clients. The legislature appropriated \$1.6 million for FY17, which includes efforts to have funding follow the client outside the county of origin and into needed services across the substance abuse system.

#### **Risk Management and Mitigation Strategies**

Capitalizing on more than 59 years of success in ensuring access to substance abuse services for the citizens of South Carolina, throughout FY16 the department continued to improve of the effectiveness of the public and private provider system, striving for long-term client outcomes and recovery. System-wide, the goals for FY16 were to continue implementing a coordinated system of care, to implement research- and science-based protocols that increase chances for recovery, and to move toward a formula-based federal block grant funding decision process that will enhance the performance of providers and ultimately achieve improved health outcomes for clients.

Should the agency not reach its goals in delivering efficient and effective prevention, treatment, and recovery services, the negative impact on the citizens of South Carolina would include an increase in overall healthcare costs and a rise in addiction that would impact the workforce, the economic engine of this state, and ultimately the quality of life of all South Carolinians. Collateral impacts include a rise in underage drinking and DUI crashes, a shortened life span, and increased co-morbidities in chronic disease.

DAODAS would rely on its partnerships with the Governor's Office, the South Carolina General Assembly, sister state agencies, law enforcement, and the entire behavioral and medical healthcare community to mitigate these impacts. DAODAS suggests the following:

1. Continued attention to the disease of substance use disorder and a possible rise in addiction and needed services should a medical marijuana bill be enacted. Funding should be increased to address diversion and to provide for the prevention of youth access to marijuana and treatment for those who become addicted.



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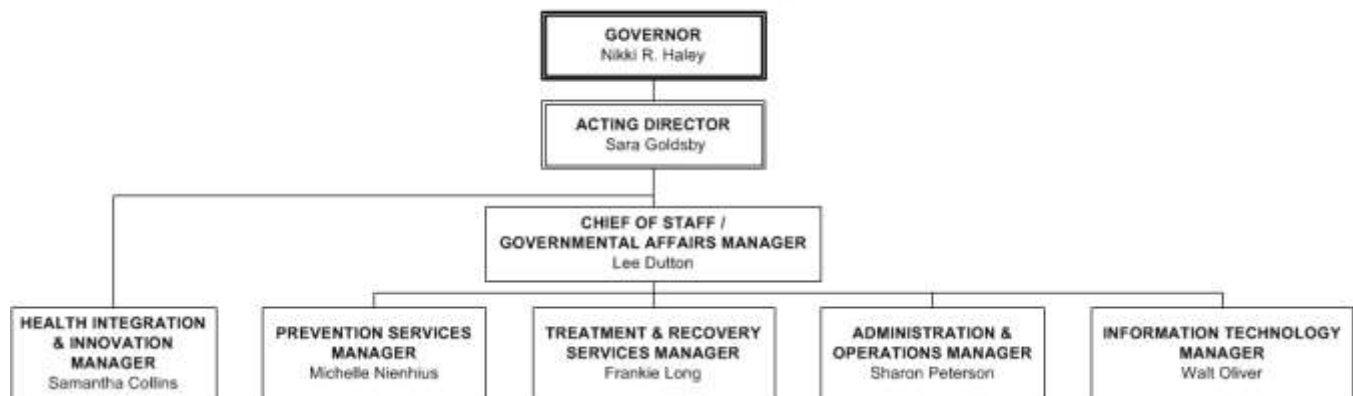
2. A focus on DUI policy to decrease drunken driving and car crashes. South Carolina ranks in the “top 5” of alcohol-related highway car crashes and deaths. Mandatory server training should be reviewed.
3. A focus on telehealth expansion and allowing reimbursement for a range of medical and behavioral services provided through this technology.

### **Restructuring Recommendations**

The department previously stated in a 2016 House Oversight Committee hearing that – should the legislature consider a comprehensive restructuring of health agencies – DAODAS would recommend a study of consolidating the agency with the Department of Health and Human Services. Both agencies are structured administratively to provide oversight and policy leadership to contracted providers. The decision rests within the jurisdiction of the General Assembly, and the agency will work with the Governor’s Office and the General Assembly to develop and outline a plan for restructuring, as directed.

### **Organizational Chart**

South Carolina Department of Alcohol and Other Drug Abuse Services (9/14/16)



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Strategic Planning Template

Type	Goal	Item # Strat	Object	Associated Enterprise Objective	Description
G	1			Healthy and Safe Families	Create an Accessible Continuum of Effective Services within Each Community in 2017
S		1.1			Reduce Youth and Young Adult use of Alcohol, Tobacco and other Drugs.
O			1.1.1		Implement Alcohol Enforcement Team activities throughout the state during 2017.
O			1.1.2		Implement an additional 3 evidence-based environmental strategies to target root causes of underage drinking.
O			1.1.3		Train additional local law enforcement and prevention professionals on strategies to reduce underage drinking.
O			1.1.4		Collaborate to create or revise local policies that may help to reduce underage drinking in counties across the state.
O			1.1.5		Benchmark the 2013 Youth Risk Behavior Survey for youth prescription drug abuse; plan for program implementation.
O			1.1.6		Secure the transfer of Server Education Program approval authority to DAODAS.
O			1.1.7		Implement the Youth Tobacco Study to measure the retailer violation rate in the state; keep buy rates at below 10%.
O			1.1.8		Implement evidence-based environmental strategies targeting underage drinking in areas of alcohol-related crashes.
O			1.1.9		Increase Prevention Service Menu Options by 5%.
S		1.2			Increase Access to a Continuum of Evidence Based Substance Disorder Services
O			1.2.1		Increase treatment service admissions by 10%.
O			1.2.2		Increase the number of pregnant women who access treatment and recovery services: 5%
O			1.2.3		Increase the number of admissions from the Department of Social Services by 10%.
O			1.2.4		Increase Department of Correction referrals to SUD treatment by 5%.
O			1.2.5		Provide additional Peer Support Trainings to implement recovery support services in provider systems.
O			1.2.6		Increase the number of Oxford Houses by 5 in South Carolina in 2017.
S		1.3			Increase Services to Clients Suffering from Prescription Drug Abuse
O			1.3.1		Expand Medication Assisted Treatment (MAT) options across the SUD Provider Network in 2017.
O			1.3.2		Increase Capacity of numbers served with precription or opioid drug abuse.
O			1.3.3		Implement recommendations of the PDAP report related to SUD.
G	2			Public Infrastructure and Economic Development	Become a Leader in the Delivery of World Class Quality Services by 2020
S		2.1			Reduce the State's Substance Abuse Disorder Prevelence Rate
O			2.1.1		Increase the use of Federal Block Grant funds to provide services for the uninsured seeking SUD serices by 5%.
O			2.1.2		Increase stakeholder satisfaction with Service Delivery Experience.
O			2.1.3		Increase Evidence Based Program Initiatives with Fidelity Monitoring by 3%.
O			2.1.4		Increase the Number of Local County Plan Strategic Goals Meeting/Exceeding Performance Goals by 5%.
O			2.1.5		Ensure Accurate Electronic Record Data Reporting.
O			2.1.6		Implement SCHIEX For Reimbursement of Provider Network in 2017, as applicable.
S		2.2			Focus Work Force Development to Increase Health Outcomes
O			2.2.1		Continue to integrate research based practices into treatment protocols in 2017.
O			2.2.2		Increase training opportunities in evidence based programs in prevention, treatment and recovery by 5%.
O			2.2.3		Collaborate with LLR to implement a license for alcohol and drug abuse professionals in 2017.
O			2.2.4		Increase DAODAS Employee Workforce Development and Continuing Education Opportunities by 5%.
G	3			Government and Citizens	Become a Leader in Collaboration and Integration
S		3.1			Increase Integration Efforts with Local and State Partners
O			3.1.1		Provide Leadership in the Successful Implementation of all PDAP (Prescription Drug Abuse Plan) Recommendations during 2017.
O			3.1.2		Increase collaborations revising local policies targeting underage alcohol access/use by (5%).

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Strategic Planning Template

Type	Goal	Item # Strat	Object	Associated Enterprise Objective	Description
O			3.1.3		Increase local partnerships targeting substance use disorder treatment service delivery by (5%).
O			3.1.4		Increase the number of state/local agencies purchasing prevention, treatment, and recovery services by (5%).
O			3.1.5		Increase the Referral Service Volume and Diversity
S		3.2			Increase the Efficiency and Effectiveness of Treatment Programs
O			3.2.1		Increase the number of individuals who report sustained recovery in 2017.
O			3.2.2		Increase the number of individuals who report employment as a result of completing treatment in 2017.
O			3.2.3		Increase the number of individuals who access treatment within two working days of intake in 2017.
O			3.2.4		Increase the number of individuals who access service within six working days after an assessment in 2017.
S		3.3			Increase Services to the Uninsured
O			3.3.1		Continue to Coordinate with DHHS to implement the Healthy Outcomes Program for SUD.
O			3.3.2		Support funding for local substance abuse providers as safety net providers; increase referrals in 2017 by 5%.
O			3.3.3		Identify local plans that execute community engagement for all SUD services.
O			3.3.4		Increase services to Non-AOD diagnosed clients in 2017.
O			3.3.5		Increase services to co-occurring clients in 2017.
S		3.4			Increase Integration with Physical and Speciality Healthcare Providers
O			3.4.1		Screen pregnant women using an evidence based screening tool for substance abuse (SBIRT).
O			3.4.2		Screen adults in primary care and community health settings for substance abuse.
O			3.4.3		Implement state level system and policy change by using SBIRT as the standard of care in health care settings.
O			3.4.4		Increase trained health care professionals in the use of the SBIRT tool by 5%.
O			3.4.5		Increase Health Care Professionals attending DAODAS/HHS Sponsored Training Initiatives by 5%
O			3.4.6		Increase the number of treatment admission from local healthcare providers by 5%.
S		3.5			Implement Treatment and Recovery Technology
O			3.5.1		Expand Tele-Health services for substance abuse services in 2017.
O			3.5.2		Increase the Number of Providers Implementing Innovative Menu Enhancements (Technology, Recovery Support, MAT).
O			3.5.3		Identify local plans that execute community engagement for all SUD services.
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Performance Measurement Template								
Item	Performance Measure	Target Value	Actual Value	Future Target Value	Time Applicable	Data Source and Availability	Calculation Method	Associated Objective(s)
1	Reduce Underage Alcohol Use	28.9%	28%	26%	July 1- June 30	Youth Risk Behavior Survey / Bi-Annual	Past 30 Day Use among High School Students	1.1.1 through 1.1.9 / 3.1.2
2	Reduce Underage Alcohol Buy Rate	13.0%	12.0%	12.0%	July 1- June 30	Pacific Institute for Research and Evaluation / Quarterly	Prevention Activity elements are entered daily into Mosaic / Calculated Quarterly	1.1.1 through 1.1.9 / 3.1.2
3	Reduce Underage Car Crashes	42.1%	40.0%	38.0%	July 1- June 30	Fatality Analysis Reporting System (FARs) / NHTSA Database	Measures deaths in crashes where BAC is .08% or greater	1.1.1 through 1.1.9 / 3.1.2
4	Increase AET Public Safety Checkpoints	1,000	1,250	1,500	July 1- June 30	DAODAS Mosaic Reporting	Measures local participation in Safety Checkpoints	1.1.1
5	Reduce Underage Tobacco Use / Access	11.7%	10.6%	7.7%	October 1 - September 30	Youth Access to Tobacco Study / DAODAS / 12 Months	Retailer Violation Rate calculated using sample size approved by the federal government	1.1.7
6	Reduce Underage Tobacco Use	7.7%	6%	6%	July 1- June 30	Youth Risk Behavior Survey / Bi-Annual	Past 30 Day Use among High School Students	1.1.7
7	Reduce FDA Vendor Violation Rate	11.0%	10%	9%	October 1 - September 30	FDA Contract Reporting	Federal Contract Requires Reporting of Citations Written Locally	1.1.7
8	Screening and Brief Intervention	2,500	2,500	2,500	October 1 - September 30	DHHS / DAODAS EHR / Monthly	Entered Monthly / Reported Annually	1.2.1, 3.4.1 through 3.4.6
9	Increase Services for Pregnant Women	734	774	815	July 1- June 30	DAODAS EHR / Monthly	Data Reported Monthly / Annual Calculation - 3 Month Lag	1.2.2, 1.2.3, 3.4.1, 3.5.1
10	Increase DSS Admissions	4,574	4,802	5,031	July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	1.2.1, 1.2.3, 1.2.5, 3.1.3, 3.1.4, 3.1.5
11	Increase Client Episodes of Care	41,000	43,250	45,100	July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	1.2.1, 1.2.2, 1.2.3, 1.2.4, 1.3.1, 2.1.1, 3.1.5, 3.2.1, 3.3.1, 3.3.2, 3.3.4, 3.3.5, 3.4.2, 3.4.6, 3.5.1, 3.5.2, 3.5.3
12	Increase Correction Referrals by 5%	43	63	95	July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	1.2.4
13	Increase the Number of Integration Sites	2	2	5	July 1- June 30	DAODAS Administration	Number of Providers who Sucessfully Integrate with Behavioral or General Health Care Sites	1.2.1, 1.2.2, 1.3.1, 1.3.2, 2.1.1, 3.1.3, 3.1.5, 3.2.2, 3.2.3, 3.3.3, 3.4.1, 3.4.2, 3.4.6, 3.5.1, 3.5.2, 3.5.3
14	Implement Recovery System Tranformation Initiatives	0	0	3	July 1- June 30	DAODAS Division of Treatment / Monthly	SBIRT / Recovery Team	1.2.1, 1.2.2, 1.2.3, 1.2.5, 1.2.6, 3.2.1, 3.2.2, 3.3.1, 3.3.3, 3.5.3

15	Train Peer Support Specialists	0	130	150	July 1- June 30	DAODAS Division of Treatment / Monthly	Evaluation Data Reported Annually	1.2.5
16	Increase Recovery Housing Opportunities	38	38	42	July 1- June 30	DAODAS Division of Administration / Monthly	Recovery Team / Oxford House Contract	1.2.6
17	Implement Tele-Health Services	2	2	10	July 1- June 30	SBIRT Federal Grant / Monthly	Evaluation Data Reported Annually	3.5.1, 3.5.2
18	Increase Effectiveness of Treatment Programs / Decrease Use	38%	37%	40%	July 1- June 30	National Outcome Measures / Monthly	Entered Monthly / Reported Annually / 6 Month Time Lag	2.1.1, 2.1.2, 2.1.3, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 3.2.1, 3.2.2, 3.2.3, 3.2.4
19	Increase Effectiveness of Treatment Programs / Increase Employment	6%	7.3%	8%	July 1- June 30	National Outcome Measures / Monthly	Entered Monthly / Reported Annually / 6 Month Time Lag	3.2.2
20	Increase Efficiency of Treatment Access	89%	92%	95%	July 1- June 30	State Baseline Measure / Monthly	Entered Monthly / Reported Annually	3.2.3
21	Increase the Efficient of Treatment Retention	52%	54%	55%	July 1- June 30	State Baseline Measure / Monthly	Entered Monthly / Reported Annually	2.1.1, 3.2.4
22	Increase Services to the Uninsured	5,250	5,512	5,500	July 1- June 30	Electronic Health Record - Local Provider Report / Monthly	Entered Monthly / Reported Annually	2.1.1, 2.1.4, 3.1.4, 3.1.5, 3.3.1, 3.3.2, 3.3.3, 3.3.4, 3.3.5, 3.5.1
23	Increase Services to Co-Occurring Clients / Non-AOD Clients	5,000	7,788	8,000	July 1- June 30	DHHS / DAODAS EHR / Monthly	Entered Monthly / Reported Annually	3.3.4
24	Increase Services to Prescription Drug Abuse Clients	1250	1000	1500	July 1- June 30	DAODAS EHR / Monthly	Entered Monthly / Reported Annually	1.2.1, 1.3.1, 1.3.2, 3.1.5, 3.5.2
25	Provide Training in Evidence Based Programming	30	50	100	July 1- June 30	DAODAS Division of Training / Monthly	Calculated Annually	2.1.3, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 3.4.4, 3.4.5
26	Expand MAT Options in the SUD Provider Network	0	1000	1500	July 1- June 30	DAODAS EHR Measure / Monthly	Monthly	1.3.1, 1.3.2, 3.5.2
27	Increase Federal Block Grant Coverage of the Uninsured	0	5000	5000	July 1- June 30	DAODAS EHR / Finance / Monthly	Monthly	1.2.1, 1.2.2, 1.2.3, 1.2.4., 2.1.1, 3.1.3, 3.1.4, 3.3.1, 3.3.2, 3.3.3
28	Increase County Plans Meeting Strategic Goals	0	5%	10%	July 1- June 30	DAODAS Planning / Evaluation / County Plan	Reported Annually	2.1.4, 3.3.3
29	Employee Workforce Development	0	5%	10%	July 1- June 30	DAODAS Human Resources / Training	Reported Annually	2.1.3, 2.2.1 through 2.2.4, 3.3.4. 3.4.4, 3.4.5
30	Increase Prevention Collaboration	0	5%	10%	July 1- June 30	Reported Mosaic / Prevention Data System	Monthly	1.1.4, 1.1.9, 3.1.2
31	Integration with Physical Health	0	5%	10%	July 1- June 30	DAODAS Planning / Evaluation / County Plan	Reported Annually	3.4.1, 3.4.2, 3.4.3, 3.4.4, 3.4.5, 3.4.6
32	Increase Services to the Uninsured (HOP)	0	5%	10%	July 1- June 30	Local Provider Contract Reporting / DHHS	Reported Monthly	3.3.1

Note: DAODAS has just undergone an extensive strategic planning year using the Balanced Score Card Approach. Using this as the guideline, the agency has identified 3 main customers.



<b>Agency Name:</b>	<b>South Carolina Department of Alcohol and Other Drug Abuse Services</b>
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Fiscal Year 2015-16  
Accountability Report

<b>Agency Code:</b>	<b>J20</b>	<b>Section:</b>	<b>Ssection 37</b>
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						Legal Standards Template
Item #	Law Number	Jurisdiction	Type of Law	Statuary Requirement and/or Authority Granted	Associated Program(s)	
1	US Public Law 91-616 of 1970.	Federal	Statute	Directs that the department is the single state authority for the delivery of the Substance Abuse Prevention and Treatment Block Grant.	All Objectives Listed	
2	US Public Law 92-255 of 1972.	Federal	Statute	Directs that the department is the single state authority for the delivery of the Substance Abuse Prevention and Treatment Block Grant.	All Objectives Listed	
3	Code of Laws of South Carolina, 1976, as amended, Section 44-49-10 et.seq.	State	Statute	Agency Enabling Legislation	All Objectives Listed	
4	Code of Laws of South Carolina, 1976, as amended, Section 61-12-10 et.seq.	State	Statute	Local Excise Tas Funding Distribution / County Planning Required	All Objectives Listed	
5	Code of Laws of South Carolina, 1976, as amended, Section 56-1-286 et. seq.	State	Statute	Underage DUI / Zero Tolerance / Administrative License Revocation / Mandated Treatment	1.1.1 through 1.1.9, 1.2.1, 2.1.2	
6	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2930 et. seq.	State	Statute	DUI / Mandated Treatment	1.1.1 through 1.1.9, 1.2.1, 2.1.2	
7	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2933 et. seq.	State	Statute	DUAC / Mandated Treatment	1.1.1 through 1.1.9, 1.2.1, 2.1.2	
8	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2951 et. seq.	State	Statute	Refusal to Submit to BAC / Administrative License Revocation / Mandated Treatment	1.1.1 through 1.1.9, 1.2.1, 2.1.2	
9	Code of Laws of South Carolina, 1976, as amended, Section 56-5-2990.	State	Statute	Mandated Treatment for Convicted DUI Offenders	1.1.1 through 1.1.9, 1.2.1, 2.1.2	
10	Code of Laws of South Carolina, 1976, as amended, Section 59-150-230 (i).	State	Statute	Authorizes funding for Gambling Addiction Services	1.2.1, 2.2.23.1.4, 3.5.3	
11	Code of Laws of South Carolina, 1976, as amended, Section 56-1-400 and 56-5-2941	State	Statute	Requires mandatory treatment for Ignition Interlock Drivers who fail to follow the Ignition Interlock Law.	1.1.1 through 1.1.9, 1.2.1, 2.1.2	
12	Code of Laws of South Carolina, 1976, as amended, 44-52-10 et. seq.	State	Statute	Involuntary committment procedures for those experiencing substance abuse.	1.2.1, 2.1.1, 2.1.3, 2.2.1, 3.3.4, 3.3.5	
13	Code of Laws of South Carolina, 1976, as amended, Section 44-75-10 et. seq.	State	Statute	Requires the Department of Labor, License and Regulation and DAODAS to work promulate regulations for the licensure of alcohol and drug abuse counselors.	2.2.3	
14	Code of Laws of South Carolina, 1976, as amended, Section 16-25-20 (G).	State	Statute	Criminal Domestic Violence / Offender Referral to Substance Abuse programs Coordinated through DAODAS.	1.2.3	
15	Code of Laws of South Carolina, 1976, as amended, Section 24-13-1910 et.seq.	State	Statute	Coordination with the Department of Corrections (DOC) for Substance Abuse Services delivered to rehabilitate alcohol and drug offenders, as determined by DOC.	1.2.4	
16	Code of Laws of South Carolina, 1976, as amended, Section 16-17-500.	State	Statute	Courts may order minors to undergo a tobacco education program certified by DAODAS.	1.1.7	
17	Code of Laws of South Carolina, as amended, 1976, Section 56-1-2110 (G)	State	Statute	Requires individuals who have a commecial drivers's license suspended due to a failed urine screen, to be assessed and treated, if necessary, by a DAODAS substance abuse professional.	1.2.1, 3.2.2	







Agency Name:		South Carolina Department of Alcohol and Other Drug Abuse Services		Fiscal Year 2015-16 Accountability Report	
Agency Code:		J20	Section:	Section 37	
Partner Template					
Name of Partner Entity		Type of Partner Entity	Description of Partnership		Associated Objective(s)
SAMHSA		Federal Government	Federal Block Grant Authority		All Objectives Listed
Medicaid (DHHS)		State Government	Major Payor of SUD Services / Policy Development		1.2.1, 1.2.2, 1.2.3, 1.3.1, 1.3.2, 3.1.3, 3.1.4, 3.3.1, 3.3.2,3.4.1, 3.5.1, 3.5.2
DAODAS Staff		State Government	Intergral to achieving agency vision, mission and goals.		All Objectives Listed
Local SUD Providers		Local Government	Delivers direct SUD services to individuals, families and communities.		1.1.1, 1.1.9, 1.2.1, 1.2.2, 1.2.3, 1.2.4, 1.3.2, 2.1.1, 2.1.2, 2.1.4, 2.1.5, 3.1.2, 3.1.3, 3.1.4, 3.1.5, 3.2.1 through 3.2.4, 3.3.1 through 3.3.5, 3.4.1, 3.4.2, 3.5.1
South Carolina General Assembly		State Government	Appropriates funding for SUD Services.		1.1.6, 1.3.1, 1.3.2, 3.5.1
Governor's Office		State Government	Provides Leadership / Cabinet Agency		All Objectives Listed
DSS		State Government	Major Client Partner		1.2.1, 1.2.2, 1.2.3
DOC		State Government	Major Client Partner		1.2.4
DMH		State Government	Major Client Partner		1.2.1, 3.3.4
DHEC		State Government	Major Health Partner		1.1.7, 1.2.1, 1.2.3, 1.3.1, 1.3.2, 1.3.3, 3.1.1
Alliance for a Healthier South Carolina		Non-Governmental Organization	Working to achieve broad health goals.		1.2.1 through 1.2.6, 1.3.1 through 1.3.3, 3.4.1 through 3.4.6
South Carolina Institute of Medicine and Public Health		Non-Governmental Organization	Working to achieve joint behavioral health goals.		1.2.1, 1.3.1, 1.3.2, 3.1.4, 3.4.1, 3.4.2, 3.4.3, 3.4.4, 3.5.1
Birth Outcomes Initiative (BOI)		State Government	Development of policy to reduce adverse birth outcomes.		1.2.1, 1.2.2, 1.2.3, 1.3.1, 1.3.2, 3.1.3, 3.4.1
Healthy Outcomes Program		State Government	Targeting chronic disease among Medicaid recipients.		3.3.1, 3.3.2
Primary and Emergency Room Physicians		Private Business Organization	Identifying SUD Clients.		3.4.4, 3.4.5, 3.4.6, 3.5.1, 3.5.2
Note: DAODAS has just undergone an extensive strategic planning year using the Balanced Score Card Approach. Using this as the guideline, the agency has identified 3 main customers.					



<b>Agency Name:</b>	<b>South Carolina Department of Alcohol and Other Drug Abuse Services</b>
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## Fiscal Year 2015-16 Accountability Report

**Agency Code:** J20 **Section:** Section 37

## Oversight Review Template

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